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Executive Director
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Post Event Summary: March 7-9, 2005 WHCoA Sponsored Events

March 7, 2005 United We Ride: Mobility Summit

March 8, 2005 Statewide Forum: Planning for An Aging California

March 9, 2005 WHCoA Solutions Forum

March 7, 2005 United We Ride: Mobility Summit, Sacramento, CA

Attendance: 250

Sponsoring Organization: California Department of Transportation and California Commission on Aging

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The below is a brief summary of the issues/barriers/solutions provided at this event. The final complete summary of this event will be available from Peter Steinert July 1, 2005.

Priority Issue: Human Services Transportation Coordination for Aging, Disabled and Low Income Populations

There are numerous providers and programs of human services transportation that are not coordinated, leaving the transportation system with gaps in services and many inefficiencies. The President's Order (cite) proposed coordination of human services transportation to address these problems.

Barriers: Different transportation funding streams, different departments and agencies at the state level, and different cultures of service provision all serve as barriers.

Proposed Solutions: A State Mobility Council should be developed that includes state leadership from all departments and agencies that provide human services transportation. The purpose of the council is to coordinate and work together to improve efficiencies and close service gaps for the consumer.

March 8, 2005 Statewide Forum: Planning for An Aging California, Sacramento, CA

Attendance: 183

Sponsoring Organization: California Commission on Aging

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This forum discussed progress on three topic areas (8 priorities total included) in the Strategic Plan for an Aging California. Following is an *excerpt* of the response including progress made and challenges faced in accomplishing each priority. Contact Sandra Fitzpatrick for the full text of the discussion on these issues.

Priority Issue #1: Economic Security

Strategic Plan Priority: “Provide education/training to develop or enhance skills so older adults can move into second career options.”

Progress reported on this goal:

- The EDD’s website EDD Job Service, and One-Stop Career Centers provide job search training and information on job training resources to older workers, employers, and other partners. One-Stop Career Centers provide universal service to all individuals who are seeking training and employment. The EDD Senior Worker Advocate Office (SWAO) staff respond to telephone calls and e-mails from older workers requesting assistance in obtaining employment.
- The SWAO partners with educational institutions to provide appropriate opportunities for career enhancement, job training, retraining, and skill development for older workers. The SWAO initiated and developed older worker segments for the 92 page statewide California Career Resource Network (CalCRN) guide that was previously oriented only for younger workers. The EDD partnered with CalCRAN to revise the guide that is distributed to thousands of career counselors, students, job seekers, and educators in California through a federal grant.
- The SCSEP is a federally funded training and employment program limited to individuals who are 55 years of age and older and whose income is within 125 percent of the poverty level. Some of the SCSEP programs provide culturally diverse programs; however, resources are limited and the culturally diverse population in California is growing. The EDD partners with SCSEP to refer older workers to them who require culturally relevant, job-related supportive services.
- The IHSS program has made working easier for IHSS recipients by allowing IHSS workers to provide service hours at the person’s place of employment. This has removed barriers to working for many persons with functional limitations.
- The DHS has a 250 percent work disable program which enables very low income older adults who are eligible for IHSS and MediCal to retain their health benefits while working if they work at a place that doesn’t offer health benefits. Persons with sensory or physical functional limitations can earn up to \$42,000 and pay premiums to stay on MediCal.
- The EDD website has a number of best practices promoting the benefits of optional work conditions such as part time work/flexible hours/job sharing in order to encourage more employers to offer this.

- An Employer Toolkit is available that is age neutral on employment policies and practices. This toolkit is promoted at Chamber of Commerce and other industry association meetings.
- The Governor's Older Workers and Exemplary Employer Awards Luncheon is held every year to recognize older workers and employers with practices supporting older workers. It is an excellent public relations opportunity to combat age discrimination and change the way the public looks at older workers.

Challenges reported in achieving this goal:

- The U.S. Government Accounting Office (GAO) issued a report on Older Workers. Gao-030350. Issued January 2003, it recommends that the Workforce Investment Act performance measures be changed to improve access to career center services for older workers. The Performance Measures require that the One-Stop Career Centers put workers in full-time employment with salary equal to or greater than they previously earned. It is harder for older workers who are downsized to get jobs at the level they were previously earning. Many workers over age 65 need part time jobs to supplement their retirement. The Performance Measures do not encourage One-Stop Career Centers in providing services to workers who fit in the above categories, and should be changed to keep the One-Stops from 'creaming'—i.e. enrolling only the population that would be more likely to make the mark on the performance measures.
- Under-employment and unemployment among older adults, significant number of older adults who are disabled, age discrimination in employment, illiteracy and low-literacy among older adults, and inadequate low-cost public transportation services (especially in rural areas) all pose challenges to job training for this population.
- There is potential to streamline resources and draw on expertise of county welfare departments 'Welfare to Work' employment programs and partner with programs for older workers, but this has not happened to date.
- Older American's Act programs including the SCSEP are frustratingly underfunded to reach all eligible older people who wish to return to work and participate in the program.
- Since Workforce Investment Act funding focus has been taken off of targeting certain populations, there is not a direct target for older workers programs although there have been discussions in the past on this.
- There is great need for funding of Assistive Technology to assist people to be able to work. Additionally, people can't work from a nursing home. Affordable housing and transportation are key to employment as well.
- The Workforce Investment Act dollars have been reduced 28 percent posing difficulties for funding training for all populations.
- The Department of Rehabilitation is working on implementation of AB 925 (2001-02 legislative session), breaking down barriers to employment for persons with disabilities. There is an opportunity to encourage the LTC Council to work on economic security issues and barriers.

Priority Issue #2: Housing

Strategic Plan Priority: “Expand Smart Growth models of housing and land use that incorporate livable, walkable, mixed use, intergenerational components.”

Progress reported on this goal:

- SB 223 (2005-06 legislative session) offers loans to local government for planning, as it is in many cases very costly to update zoning that will allow more Smart Growth. Additionally, legislation this year (SB 521) may help broaden the definition of ‘blight’ to allow for more targeted resources for redevelopment around transit stations.
- Multifamily housing applications and applications for a number of other state funded housing programs already utilize Smart Growth principles and have produced small islands of progress across the state (Sacramento and Oakland are two recent examples of transit stations/commercial/residential mixed use developments).
- Inclusionary housing policies have helped integrate communities, thus making them more ‘livable’ for everyone there.
- Housing California is launching a campaign for permanent funding towards a housing trust fund; a ballot measure is scheduled for November of 2006.

Challenges reported in achieving this goal:

- Funding to build affordable housing is in jeopardy. The three-legged stool for funding includes state/local/federal sources. At state level, a permanent funding source for housing is needed; Proposition 46 money is almost gone. The state has a ‘housing trust fund’ to serve as this permanent source, but it does not have any funding in it. Local governments are extremely tight with state budget cuts, and very large budget cuts are currently being proposed for housing at the federal level that are impossible to replace with local or state dollars.
- The most challenging communities to integrate Smart Growth are suburbs, yet we know that a significant number of the aging population live and wish to age in place there.
- More incentives for builders to use Smart Growth models need to be developed.
- The Legislature has worked to make sure that locals approve good projects, and are not deterred by community opposition based on misperceptions. Many times zoning is not approved for higher densities needed to accomplish affordable Smart Growth housing due to these misperceptions.

Strategic Plan Priority: “Strengthen support for repairs and home modifications by community based organizations in every county.”

Progress reported on this goal:

- SB 1025 (2003-2004 legislative session) was enacted that requires 10 percent of all new townhomes to be accessible. This law becomes effective in July 2005.
- Per AB 2787 (2001-02 legislative session) the California Department of Housing and Community Development (HCD) are creating a model universal design ordinance that hopefully will be adopted by communities across the state. It also will include a check list for new buyers to use.

- Money was made available through Prop 46 for home modifications to rental housing. In all, HCD gave out 16 awards for a total of \$4,750,000. Of this amount, the city and the county of Sacramento each got \$500,000. CalHOME money can also be used for home modification. The extraordinary demand for these grants shows how great the need is for the service.
- A few Independent Living Centers have local programs for home modification. FREED organization in Nevada County has a “Fix It” program with pooled funding (AAA funding, County funding, Prop 46 funding) and a lot of volunteers from the building industry. The Westside Center for Independent Living got a \$150,000 grant to do exterior accessibility for renters. The Modesto ILC has worked with Del Valley Homes on a partnership. Del Valley will designate over 40 homes with wheel chair accessibility and universal design features.
- www.homemods.org offers resources and examples of home modifications for use by advocates, developers, etc.

Challenges reported in achieving this goal:

- Builders are not always favorable to the universal design model ordinances and may oppose their enactment locally. Academic research shows that mandates as opposed to voluntary universal design standards create more housing with universal design.
- Limited funding sources. As stated above, state and local funds for housing are tight. Secondly, the Community Development Block Grant money slated for 50 percent cut at the federal level is the primary source for home modification and if the cut is taken, it will have a devastating impact on the ability to provide home modifications at the inadequate level that we have been, let alone strengthen the support for such programs. President Bush’s ‘Strengthening Communities,’ misleadingly named, is the source of these cuts.
- Locally, there needs to be active public support for accessibility and affordable housing. CFILC has great resources on their website (www.cfilc.org)—two policy pieces in layman’s language describing housing accessibility and affordability, and visitability/universal design to educate local communities and build public support for this. Local advocates should emphasize that ‘universal’ design helps everyone live better, i.e. parents with strollers, families, etc., to draw a wide range of persons into the advocacy.

Priority Issue #3: Long Term Care

Strategic Plan Priority: “Build a comprehensive, integrated data base on aging and disabled Californians for longitudinal studies and care navigation.”

Progress reported on this goal:

- Within the California Department of Social Services (DSS), the Case Management, Information and Payrolling System (CMIPS) system provides a data base for IHSS recipients. The CMIPS system interfaces with six other public human services data bases.
- The Health and Human Service Agency has released a grant to be awarded to further develop the CA Care Network DSS website. Currently consumers can access electronically information on long-term support services. The consultant awarded the

grant will offer options to expand the porthole and develop standards for navigating the current long-term support system by consumers and service providers.

- The Long Term Care Council had a workgroup on this issue, they surveyed what databases were developed, what they contained for the purposes of finding a common data set among databases and the possibilities for integration of databases.

Challenges reported in achieving this goal:

- While incremental progress is being made by some agencies and some databases, throughout the state a comprehensive, fully integrated statewide database on aging and disabled Californians does not exist. Policy makers currently don't have the numbers about the needs of people they require to make sound policy decisions. Data is integral to this.
- Stakeholders need to ask themselves, who is this database for? What is its purpose? One website doesn't fit all. If an informational website is going to be built for consumers, it should be developed by young and old, all the types of consumers that will be using it. It should be fully accessible to persons with disabilities that may need to use screen readers, have cognitive impairments, or other disabilities. The service should use empowering language such as "service or support navigation" not paternal like "care navigation."

Strategic Plan Priority: "Build and implement a 'no wrong door' care navigation system."

Progress reported on this goal:

- County departments of social services do have 'one stops' where a person can inquire about county run programs, including Medi-Cal, IHSS and Regional Center Services that may be available to meet their specific needs.
- The Olmstead plan identified the need for providing service plans based on uniform assessment to clearly identify the range of services needed and preferred to support the person in the community such as medical care, personal care, residential supports, housing and transportation. The implementation of such an assessment would provide a 'no wrong door' of sorts for aging and disabled persons.
- The Mental Health Services Act provides a permanent funding source for mental health services. This money will be used to transform the mental health system and to increase the availability of services to unserved and underserved individuals with serious mental illness. There are many opportunities at both the local and state level to obtain input from stakeholders on how to spend this money.
- The Governor's budget this year includes provision for an Acute and LTC Integration plan within MediCal Redesign. This will provide additional funding in three counties to integrate all Medicare and MediCal services. A central database at the local level will accompany this and should help provide 'no wrong door'. All services will be under one window, for example home and community based services, IHSS, etc. The plan presents a consumer-centered approach that recognizes the preferences for consumers of home and community based services. The integration eliminates incentives for funding to go towards one part of the system over another. It also focuses on keeping people healthy and avoiding putting them in situations in which they will require institutionalization.
- The State Plan on Aging reflects that the need for consumer information and assistance programs remain a lynch pin service for seniors, people don't know how to

find the right door. There is a technological component to this service besides the type of person providing the information, both are needed. The AAA's are working on this at the local level. One example of this is the Fresno Area Agency on Aging who has collocated a number of aging services under one roof including public services such as a café and public library.

Challenges reported in achieving this goal:

- In light of the proposed budget cuts in many federal and state programs, there may be fewer or no doors at all and whether or not a consumer reaches a 'wrong' door will be a moot point.
- A single system with every service under one window puts a lot of power with one "gatekeeper." Diverse consumers prefer diverse types of service providers; people may prefer to be assisted by someone that looks like them and shares their values.
- While the need for diverse service delivery styles is recognized, we can't spend precious resources duplicating systems that already exist. AAAs witnessed this firsthand in the Medicare Modernization Act rollout. MMA provided money for information to get out on the prescription drug coverage, but they set up a duplicative system that did not interface well with the AAAs' health insurance and advocacy program.

Strategic Plan Priority: "Build capacity into community-based long term support services to prevent unnecessary institutionalization."

Progress reported on this goal:

- The State Independent Living Council and the Department of Rehabilitation have some funding to help assist in getting people out of institutions.
- The In-Home Supportive Services Program (IHSS) is an entitlement program providing services at home that would otherwise need to be provided in an institutional setting on a long term basis. This program has continued to grow and be fully funded despite and increase in the budget of this program by 47.6 percent in the past five years. This is a significant increase in capacity of community-based support. There is always more than one way of doing clustering/reorganizing of long-term support services, the important piece is forced collaboration by leadership.
- Programs in Santa Rosa and the Westside Center for Santa Monica are moving people out of institutions and locating community resources for people on an individual case-by-case basis. It is hopeful, however, that some models will come out of these innovative programs. For example the Agnews Center for persons with developmental disabilities is closing, and a unique financing arrangement between the city and county is helping to fund housing for community placement.
- The DHS received a \$750,000 Money Follows the Person Grant. They are partnering with the Department of Aging and their Medicaid waiver programs to connect persons moving out of institutions with appropriate case management services. As people begin to move out of institutions, capacity of the community will increase, the two have to happen together, one will not happen independently of the other.
- The mental health system will receive a shot in the arm for capacity building from the Mental Health Services Act.

Challenges reported in achieving this goal:

- There is a need not only for a good assessment instrument for people in institutions wanting to get out, but a need for a community assessment for services.
- We need to break down existing silos to implement Olmstead, the questions need to move from, "What are people's ages?" to "What are people's functional abilities," and "What are people's wants/how do they want to receive services?" There are many community based programs that contribute to the fragmented systems due to their categorical funding streams (i.e. serving only older persons or only younger disabled persons). If we are to achieve an integrated system for all those with functional disabilities, we must break down these program silos.
- Affordable housing is one of the most lacking community resource that needs to be augmented to meet the needs of older adults and persons with disabilities.

Strategic Plan Priority: "Develop and expand comprehensive, integrated care models."

Progress reported on this goal:

- The Long Term Care Integration (LTCI) Pilot Projects were began in 1995 by the passage of AB 1040. Currently, the two active pilot projects are being funded through two grants administered by DHS. San Diego County is exploring integrating nursing home, acute care and home and community based programs. Contra Costa County has integrated a majority of their services for aging and person with disabilities through one department. An Acute and Long Term Care Integration (ALTCI) Program is being proposed in the Governor's 05-06 Budget as part of MediCal redesign in order to address the problems of acute and long term care system fragmentation. The two LTCI grantees, Contra Costa County, and San Diego Counties, together with CalOptima Health Plan for Orange County would start ALTCI program in 1-1-07, 3-1-07, and 9-1-06 respectively. This collaboration will offer seniors and persons with disabilities a greater choice in the health and community based services they need to be independent.
- The DSS and DHS are working towards increasing IHSS hours to the maximum allowed during the first 90 days after a transition from an institution to the community: a particularly critical, vulnerable time for those living alone.

Challenges reported in achieving this goal:

- While integration is happening at the local level in some areas, integration at the state level has not been accomplished. Additional work could be done at the state level to support efforts at the local level.

Strategic Plan Priority: "Develop a collaborative process to eliminate fragmentation, integrate funding, and create a customer-centered, seamless system of long term support."

Progress reported on this goal:

- Olmstead advisory committee has potential to do this as does the Long Term Care Council. The inventory of long term care programs and options done by the council in 1999 was a good start. In addition, the Long Term Care Integrations workgroups were set up by the Long Term Care Council to discuss shared data elements across the five programs represented on the workgroup, the opportunity to create a data

warehouse to store appropriate client information, and the need for protocols to support electronic client information sharing that would meet the HIPPA confidentiality requirements.

Challenges reported in achieving this goal:

- Neither advocates or state leadership is currently coordinating the discussion of what this system would look like in detail or how we would get there.

March 9, 2005 WHCoA Solutions Forum, Sacramento, CA

Attendance: 103

Sponsoring Organization: California Commission on Aging

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For written complete testimony on all of these issues, contact Sandra Fitzpatrick at the above contact information or view the White House Conference on Aging website (www.whcoa.gov).

Priority Issue #1: Planning Economically for the Baby Boomers

The elderly population is growing rapidly throughout the world at the same time the birth rate continues to fall in developed nations. The US as well as Japan, Germany, Italy and France will need to find creative ways to sustain their workforce or face economic decline domestically and internationally. Some Solutions: 1) Ensure that our workforce policies allow older individuals to remain in the work place without discrimination, 2) Provide training opportunities for older individuals to learn new skills, 3) The JTPA and Title V Senior Employment Programs will become even more critical. 4) Think outside-the-box relative to work hour patterns and tele commuting, 5) Review Social Security policies to remove disincentives to staying in the workforce.

Priority Issue #2: Diversity and Community Experience

California has a unique diverse population, large immigrant population which pose a number of challenges. Solution includes not being narrowly focused on ethnic diversity alone, but also include cultural, sexual orientation, gender diversity in providing services and utilizing any/all groups in communities to aid in how to sensitively provide human services to these populations.

Priority Issue #3: Volunteerism

From the point of view of the voluntary service field, the aging of California will provide all of us with a civic resource of unprecedented scale and potency. Within the service field, we are moved by stories of intensive, decades-long service by many older Californians. We are simultaneously disappointed by the underutilization of this civic resource. Solutions include: 1) a clear message describing the opportunity of service for older Californians, 2) a supply of formal volunteer opportunities, 3) a supply of intensive, high skill, high impact volunteer opportunities, 4) systems for matching volunteers with opportunities, and 5) innovation demonstration programs.

Priority Issue #4: Social Security

AARP views Social Security as a binding obligation to current and future generations of Americans. Social Security needs to be strengthened *now* for our children and grandchildren. Private accounts as proposed would require extensive borrowing to fulfill commitments to our children and grandchildren and pose a higher risk to individuals and the Social Security system as a whole than other options. Pensions and savings should be strengthened to supplement social security and private accounts should be fully encouraged when they are funded by the individual, not the Social Security system. Social Security solvency could be fixed by raising the cap on the maximum wage subject to Social Security and diversifying the Social Security Trust Fund to increase the likelihood of higher returns.

Priority Issue #5: Medicare Reform

The shift of drug coverage from Medicaid to Medicare is a profound and dangerous change for the dually eligible—Medicare/Medicaid. California Health Advocates believes that both the federal and state governments have an obligation to provide safety net drug coverage for dual eligibles during the transition to Part D and beyond. This should include coverage of emergency drug supplies, drugs not covered by Part D plan formularies while a beneficiary is appealing for coverage, and continuing coverage should the beneficiary lose an appeal. This will prevent the potentially catastrophic consequences (both physical and fiscal) of dual eligibles who fall through the cracks, have not learned how to use their new Part D plans (including where to obtain drugs) and those who cannot access medically necessary drugs through their new Part D programs. The state of California safety net should include wrap-around coverage for duals and payment of premiums above the low-income benchmark in order to assure more expansive access to formularies and prevent an unanticipated shift to higher cost medical services.

Priority Issue #6: Housing

The supply of affordable housing is woefully short of the demand. Some of the key federal programs that provide assistance with affordable housing are proposed to be cut, this would have a devastating affect on very low-income seniors. Programs such as Section 8 Vouchers and CBDG funds should be increased, not decreased to help fill the gap that due to a variety of factors is not and will not be filled by the private housing market.

Priority Issue #7: Transportation

Many funding/coordination problems exist at the governmental level that impede the provision of adequate transportation services to the aging populations. Two solutions include:

1. Direct the Federal Government to review the 62 programs that provide funds for transportation. Guidelines need to be streamlined and the barriers between programs minimized, so that funding becomes consumer friendly.
2. Local Mobility Management Centers are needed to connect people to a continuum of accessible transit services. These Centers should provide:
 - a) Fixed route bus and rail services for healthy, independent travelers
 - b) Service routes, route deviation and flex routes for persons with some mobility limitations
 - c) Paratransit services for persons unable to use fixed route bus and rail systems
 - d) Escorted services for frail travelers and persons needing special assistance
 - e) Medical and emergency services for those with critical needs

The Centers should offer Mobility Training Programs to familiarize riders with appropriate modes, such as transit, paratransit, escorted and medical transportation services.

Priority Issue #8: Provider Workforce

There are insufficient numbers of health care practitioners to take care of the aging population both now and in the future due to increasing health needs, an aging health workforce, and fewer new workers entering the field. Solutions include: 1) Rethinking retirement options could help keep maturing health care professionals in the workforce for

longer lengths of time, 2) Rethinking admissions criteria for health professions schools may be helpful in finding and cultivating individuals who have the aptitude, interest and capacity to learn how to treat large numbers of elderly people, and 3) More extensively overlapping practice acts will likely be a necessity among many of the mental and behavioral health care professions, among primary care clinicians, among oral health care professions and among many of the allied professions.

Priority Issue #9: Mental Health

Sue Levkoff, ScD, SM, MSW, Director of the Positive Aging Resource Center, explains that older adults have a significant stigma toward mental illness as opposed to the younger generation. She points out that “They grew up in an era when having such problems meant you were considered ‘crazy’”. The need to develop a statewide anti-stigma campaign targeted at older adults to reduce the stigma associated with mental illness is clear. Informational resources are available to develop materials for such a campaign. Collaborative partners at the national, state and local levels, including older adult advocate organizations, should be involved in developing the campaign and disseminating materials. With the enactment of the Mental Health Services Act, the mandate to combat stigma is now associated with increased fiscal resources for several state-level organizations that may be willing to convene a task force to develop a detailed plan to implement this anti-stigma campaign.

(See full testimony for more issues and solutions related to mental health).

Priority Issue #10: Health and Long Term Care

The changes that the baby boomers will bring in the next 20 years in increased numbers, diversity and expectations will challenge the current service system and force a redefinition of who we serve and how we deliver services. Solutions include: 1) Policies need to be directed toward encouraging active aging, promoting maximum independence and offering choices for a diverse baby boomer generation, 2) Policies need to encourage innovative approaches to redesign multipurpose senior centers that support a diverse population of well elders and promote the valuable assets of elders in our community, elders in our work place and elders as volunteers, and 3) Adequate support and priority must be given to developing home and community based services that allow younger disabled and frail elderly to remain in their own homes and avoid placement at a higher level of care than necessary.

Priority Issue #11: Long Term Care Systems Integration

Our (local) agency faces the challenge of providing certain key services directly to that ever growing aging and adult population, as well as developing a comprehensive infrastructure of home and community based support services in collaboration with a wide range of community based organizations and public entities. Under our current implementation grant from the State Office of Long Term Care, we intend to implement this program as of January 1, 2007 as a capitated system for all aged, blind, and disabled individuals in the county who are Medi-Cal eligible or dually eligible for both Medicare and Medi-Cal. We are currently building the structural and procedural framework and enhanced care management system needed to implement this program. Recommended federal Older American’s Act changes to support our efforts include: 1) Increase funding authorization levels for all titles of the Act to ensure that the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, 2) Facilitate community planning efforts over the next ten years to enable localities to develop the programs, policies and services needed to address the aging of the baby boomers and

increased longevity of older adults, and 3) Strengthen the Aging Network role as a single point of entry into local aging services within local communities.

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